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BY THE LATE

C. VAN ALLEN ANDERSON, M.D.,

PHYSICIAN TO CHILDREN'S DEPARTMENT, DEMILY DISPENSARY, N. Y.

LECTURE V.—PART I.

DIPHTHERIA, ITS PATHOLOGY AND TREATMENT.

GENTLEMEN:—The interest attached to the diphtheritic form of croup would justify me in occupying more of your time in its description, were I not aware that you have recently listened to a masterly series of remarks upon it by Dr. Clark. I cannot pretend to bring so vividly before you the various phenomena connected with its progress and termination; yet I trust that the variety of subjects which have engaged your attention during the winter course, will furnish me with a sufficient excuse for saying a very few words upon its leading characteristics.

It seems to me that diphtheria is a blood disease, just as much as typhoid fever is. The condition of the pulse, the pallor of the skin, the rapid prostration, and the fact that the pseudo-membranous effusion is not confined to mucous surfaces, but is also discovered on the denuded cuticle, all point to this conclusion. But it is a disease marked by the deposition of false membrane; and the presence of this morbid secretion in the air-passages—in other words, the diphtheritic form of croup—is what we are called upon at present to consider.

It commences either very mildly, or else with well pronounced symptoms. In the former case, at the beginning there is slight sore-throat, hardly any fever, and the appetite and strength are retained. In other instances the fever is decided, with aching of the limbs, general uneasiness, heat of the surface, and thirst; but before long there is a degree of dysphagia—the child complains somewhat of trouble in swallowing, especially substances which are of small bulk. Pain in the pharynx is also a symptom which is observed in the majority of cases, but which is not invariably present. In some of Bretonneau's cases it was very considerable, and accompanied with a sense of heat and local soreness; in others it was entirely wanting, and making its appearance at any stage of the disorder. A change in the sound of the voice is very common—usually the child is hoarse, and can do no more than whisper; or else its articulation has a peculiarly obscure and nasal character. There is almost always a slight hawking kind of cough. Being led by these symptoms to inspect the condition of the throat, we discover at first some redness of the pharynx, uvula, and pillars of the fauces, which phenomena are soon followed by others more distinctive and characteristic. One or both tonsils become tumefied—Bretonneau says much more frequently one than both—and some white or yellowish-white spots are seen on the surface of the swollen organ. "These spots, which are more or less numerous, are due to the production of a pellicular, lichenoid exudation, which falls off spontaneously, and is very easily detached. There is considerable enlargement of the lymphatic glands of the sides of the neck. From the beginning this enlargement is marked by its disproportion with the extent and intensity of the inflammation of the mucous surfaces; the deglutition is not very painful, and it becomes less and less so; the tumefaction of the tonsil, which has been first affected, augments; a redness of a very variable tint circumscribes the exudation, which is sometimes rapidly extended to the velum palati, the

uvula, the pharynx, and the tonsil of the opposite side."* This terse description of Bretonneau's admirably paints the condition of the parts about the throat in the early period of the disorder. The patch of false membrane on the tonsil spreads gradually over the neighboring parts, and increases likewise in thickness; it finally lines the pharynx, then invades the air passages, seizes on the larynx, and gives rise to croup.

The nature of this diphtheritic membrane has been carefully studied by some French physicians. They consider that its evolution may be divided into three periods, viz. 1st. The period of development; 2d. The period of complete formation; and 3d. The period of decline. The membrane begins to be developed by the effusion of a sero-mucous, transparent, and ropy liquid, which covers the affected part. It is difficult to discover both on account of the deeply seated organs upon which it appears, and also on account of the rapidity with which it changes its character in order to assume that of false membrane. At various portions of its surface there are quickly seen little spots, less transparent, assuming a yellowish tint, which, though at first isolated from each other, and imperfectly circumscribed by the fluid in which they are formed, soon unite and coalesce with one another. By this kind of coagulation—if I may use the word—a very delicate and slightly adhesive substance is created, which is, in fact, the false membrane in the first stage of its formation.

At the period of maturity the deep surface of this rudimentary membrane is still bathed by the serous matter which continues to be effused from the disordered mucous membrane. This serous fluid, lying between the mucous tissue and the false membrane, gradually becomes incorporated with the latter, increasing its thickness and density. By these means, there is formed in a short time a concretion of a yellowish color, with an appreciable thickness, considerable cohesive power, and strong attachment to the underlying parts. It is at this point impossible to remove it without producing bleeding from the superficial vessels, the membrane being closely adherent to the vascular tissues. In certain cases, when thus matured, it seems only to extend over the surrounding parts by degrees, and is limited by a rose-red border; in others one layer is continually produced below another which it raises, and is raised again itself in turn by a third, so that there is finally a stratified arrangement of the whole concretion; while in others the false membrane is soaked and softened in the serous fluid, putrefies, assuming a greyish or blackish color, and exhaling an exceedingly fetid odor.

When the diphtheritic pseudo-membrane has acquired its entire development, the period of decline begins. It ceases to spread, and preserves its appearance unchanged for a season of very variable duration, with the exception that it becomes thickened at its edges. A process of resorption then takes place; it becomes less adherent at its outer border; its diameter gradually contracts, the points last formed being the first to disappear. It never vanishes all at once, like an eschar, leaving behind it a cicatrized surface, but, on the contrary, undergoes a continuous physiological action, being removed by the absorbents of the part which it has covered. I need not detail to you the phenomena produced by the presence of this false membrane in the larynx, because they are essentially the same as those of true croup. The general symptoms are more typhoid in character, the cough is perhaps not so brassy, and the spasmodic condition less marked; but you will readily recognise the disease by its peculiar signs, and will be in no danger of mistaking it for cynanche trachealis. In fact, should you confound the preliminary stages of the two affections, which is a difficult thing to do, an inspection of the fauces will reveal to you the true nature of the complaint, for you do not have in croup the yellowish membranous patch of diphtheria.

* Bretonneau's Third Memoir.

The pathognomonic symptoms of croup are the hoarse voice, the brassy cough, and the hissing inspiration, accompanied throughout their course by more or less fever. This combination you will find in no other disease; yet there are several which are often confounded with it, in spite of phenomena which are equally peculiar to them, and equally distinct in their manifestation.

I.—Croup may be confounded with a disease to which I am going soon to ask your attention, called spasm of the glottis; but you will learn that the latter is entirely convulsive in its nature, sudden in its access, unaccompanied by cough, wanting the inflammatory symptoms of croup, and differing greatly in its post-mortem appearances.

II.—Croup may be confounded with simple laryngitis; but laryngitis is so extremely rare in children that I should doubt whether any of you will ever see an instance of it before puberty. The voice and cough are rough and hoarse, but have not the metallic sound which is heard in cynanche trachealis. There are fever and expectoration, but no such paroxysms of dyspnoea as I have just described to you in detailing the symptoms of croup.

III.—Croup ought not to be mistaken for diphtheria, or diphtheria for croup. The preliminary stage of the two diseases is different, one being generally sthenic, and the other asthenic. Moreover, diphtheria is supposed to be contagious in its nature, while croup, though frequently epidemic, is never contagious.

IV.—The symptoms excited by the presence of foreign bodies in the trachea closely simulate those of croup, but a careful inquiry into the history of the case, and the manifest absence of inflammatory pyrexia, will make your diagnosis clear.

V.—Lastly, I trust that none of you will mistake whooping-cough for croup, as has sometimes been done. The signs of the two diseases are so entirely distinct—as you will discover when we come to the consideration of pertussis—that at present I need say nothing more about it.

The diagnosis of cynanche trachealis in all cases is doubtful, and in the majority bad. Although the probabilities are against recovery, in estimating these we must accept as elements of our calculation the complications and extent of the disease, the period at which the child comes under treatment, the intensity of the symptoms, the degree of fever, and the strength of the constitution. In a case of uncomplicated croup, particularly if the symptoms be nervous rather than inflammatory, I believe that we may hope by prompt and timely measures to save our patient; if bronchitis supervene, the chances of recovery are greatly diminished; if it advance to pneumonia, they are very slight indeed. Diphtheritic croup, as you know, is one of our most rapidly fatal disorders, and the instances from recovery from the croup that complicates measles and scarlatina are few and far between.

The treatment of cynanche trachealis is what the treatment of all disorders beyond the power of medicine is—traditional in its nature, uncertain in its character, varying not only from age to age, and from one period to another, but changing also with each individual who encounters the complaint. We all admit, as we do in the treatment of typhoid fever, that our remedies are utterly incompetent to meet and baffle the disease, but the cause of death seems so mechanical, and so easy to overcome, that every one of us, undeterred by the failure of his predecessors, advances full of confidence in some new agent which we have discovered, and which in our eyes—but unfortunately only in our eyes—justifies by its success the trust that we place in it. The history of the treatment of croup is therefore in most cases the history of means that have been tried, and have failed. Yet there are certain indications of cure that demand that our efforts should be directed to the attainment of particular ends. These indications are, 1st. In the early stage to modify the inflammatory action, and to prevent the accumulation of the pseudo-membrane in the air passages. 2d. When we cannot do this, to try and bring about the

dislodgment of the albuminous concretion. 3d. To mitigate the spasmodic elements of the disorder. 4th. To support the powers of life in the latter stages, so as to enable the system to rally from the disease.

To effect these objects various plans of treatment have been proposed by different physicians. Dr. Watson says that “the three remedies that most require consideration, are blood-letting, tartarized antimony, and calomel.” He advises the abstraction of blood by venesection or cupping in older children, and by leeches in younger ones, particularly if the patient be strong and plethoric, and seen at the outset of the disease. The bleeding is to be followed up by the administration of tartar emetic in doses sufficient to vomit; because he regards that drug as having great power over the inflammation of mucous tissues, and because children may readily be induced to take it from its almost tasteless character. Frequent emesis, he thinks, sometimes puts off the disease; but if no ground be gained after two or three repetitions of the emetic treatment, it is to be abandoned, and the administration of calomel resorted to.

Dr. West insists particularly on the necessity of treatment in the very earliest stage of the disease. Even in cases where the attack is merely apprehended, the child is at once to be placed in a warm bath, be confined to bed and a light diet, and brought under the influence of an emetic of antimony and ipecacuanha, to be followed by a mild saline aperient. But a more energetic plan is to be followed if the symptoms attain their full development before the patient is brought to your notice. Large bleedings and the free administration of tartar emetic are the means which he uses; and if after one free evacuation of blood, and the administration of antimony for five or six hours, the croupal symptoms are not ameliorated, local depletion, and in some cases another venesection, are demanded; while, if the disease yield to the depletion and the antimony, they are discontinued, and calomel is given in sufficient doses. But the third stage, Dr. West thinks, should be treated in a totally different manner. The child is to be aroused from the state of collapse into which it begins to sink by a hot mustard-bath, the antimony is to be stopped, emetics of the sulphate of copper are to be used, as a mixture of decoction of senega, carbonate of ammonia, and tincture of squills. He prefers the sulphate of copper, because it is an emetic of great power, and perhaps prevents the accumulation of false membrane in the larynx; while the senega, ammonia, and squills, form a valuable stimulating expectorant. Dr. Churchill advises a plan of treatment, which in its general features is the same as Dr. West's. Our success, in his opinion, depends upon seeing the child early—at the very beginning of the attack if possible. An emetic of ipecacuanha or of antimony is to be given at once, and nausea is to be kept up for some time. If this fails in changing the character of the disease, then we are “to take as much blood as will make a decided impression, and to repeat the bleeding if necessary.” In the second stage we are to rely on the same remedies, especially if they have not been before used; though we are to remember that tartar emetic sometimes has a very depressing effect, utter and irrevocable prostration, and death, having resulted from its employment; in such cases squills or ipecac may be substituted for it. Calomel is also to be administered, though not to the exclusion of the emetic; the mercurial influence may be obtained by the inunction of ung. hydrargyri; and the action of an occasional brisk, warm cathartic will prove beneficial. Dr. Churchill has also seen good done by the counter-irritant action of blisters and mustard poultices, particularly where there was any tendency towards bronchial complications. If the disease advance to the third stage, he thinks that it will be of little use to carry the depletion further, as the result would be loss of the patient's strength. Expectorants are to be administered, and vomiting is to be occasionally excited. The exhibition of antispasmodics, such as camphor, musk, assafetida, etc., tepid baths, stimulants,

and the inhalation of the vapor of ammonia, camphor, or ether, with aqueous vapor, he regards as useful.

These three writers, then, gentlemen, who are certainly authorities, agree, you will observe, in recommending the use of powerful antiphlogistics, viz. bleeding, tartar emetic, and calomel. Several other remedies have been mentioned by other physicians, which perhaps are worthy of attention. The celebrated Dr. Graves says in the second volume of his clinical medicine:—"In the eighth volume of the Dublin Medical Journal, I published an account of a method of treating this disease, which was proposed by Dr. Lehman, of Torgau. This method has the advantage of being simple, efficacious, and easily applied, and its good effects are not productive of any injury to the constitution. The proper time for the application of this method is at the commencement of the disorder, when, as is usually the case, the child is awakened suddenly during the night by its invasion; no time should be lost when we observe that the breathing is anxious, disturbed, and attended with the well known croupy sound, and a cough of a varying character, etc. The disease may be arrested in its progress by the immediate application of hot water in the following manner: a sponge about the size of a large fist, dipped in water as hot as the hand can bear, must be gently squeezed half dry, and immediately applied beneath the little sufferer's chin over the larynx and wind-pipe; when the sponge has been thus held for a few minutes in contact with the skin, its temperature begins to sink, and it requires to be dipped again in hot water. It is better to have a second sponge ready, so that they may be applied alternately. A perseverance in this plan during from ten to twenty minutes produces a vivid redness of the skin over the whole front of the throat, just as if a strong sinapism had been applied; this redness must not be attended or followed by vesication. In the meantime the whole system feels the influence of this topical treatment; a warm perspiration breaks out, which must be encouraged by warm drinks, as whey, weak tea, etc., and a notable diminution in the frequency and tone of the cough, while the hoarseness almost disappears, and the rough ringing tone of voice subsides along with the dyspnoea and restlessness; in short, all danger is over, and the little patient falls asleep, and awakens in the morning without any appearance of having recently suffered from so dangerous an attack. Since then," continues Dr. Graves, "I have repeatedly treated the disease on this plan, and with the most uniform success. It is, however, only applicable to those cases which are seen at the very outset of the disease, and you must remember, also, that I do not propose it to the total exclusion of bleeding and tartar emetic, which must be used in more aggravated cases, or in those which are not seen until the disease is somewhat advanced." Dr. Grahl, applying the same remedy in a different part of the body, recommended the use of warm baths in croup. According to him they are indicated at the beginning of the second stage; the arms of the patient are to be placed in a vessel deep enough to admit them at least a hand's breadth above the elbow-joint, and filled with water as hot as it can be borne; a cloth also is thrown over the head of the patient, which is so arranged as to allow him to breathe the vapor for a quarter of an hour at short intervals. This treatment produced, in Dr. Grahl's hands, the expectoration of the exuded lymph, but I am not aware whether any one else has tried it. Many physicians prefer the use of sulphate of copper, as an emetic, to the tartrate of antimony and potassa. Dr. Schwabe commences by applying four to twelve leeches to the larynx, and then orders from one to four grains of the salt to be given every hour or every half hour according to the urgency of the symptoms. Others again find equal advantages in the sulphate of zinc, in the turpentine mineral, or yellow sulphate of mercury, in lobelia inflata, in sanguinaria canadensis, and in the decoction of senega. Dr. Horace Green, of this city, applies a solution of nitrate of silver to the interior of the larynx. Dr. Meigs, of Philadelphia, con-

fides in the use of alum. M. Ozanam had great success with bromide of potassium given in doses of from one to ten grains a day, while Mr. Hird puts his trust in ten or fifteen minims of liquor potassæ every four hours; and one gentleman of this city cures all his cases of croup by saturating the system with muriate of ammonia. I might extend this list indefinitely did either your time or my own allow it. But, gentlemen, I do not believe that any of these remedies possess one-tenth part of the value claimed for them; in fact, the majority, while highly praised by their original proposers, have signally failed in the hands of others; and I also beg to protest emphatically against treating a case of croup by bleeding and tartar emetic combined. The necessity of abstracting blood from the arm, or by means of leeches, is what I cannot well understand; for it seems to me that the blood is quite as much one of the tissues as the muscles are, and that, therefore, we have no right to remove it, that it will all be required in the course of the disease to support the patient, and that our experience of the effects of venesection does not by any means justify us in resorting to it. The general reluctance at the present day to use the lancet appears also to support this view. We no longer bleed in acute inflammations; we have totally abandoned the practice in pneumonia: Why should we continue it in croup? Croup also is a disease that results finally in complete exhaustion, and it occurs, at least in our cities, in debilitated children. Now, I would ask you whether in a child of feeble constitution, attacked by a malady that advances to profound prostration of the vital energies—in such a case, I say, if you employ so powerful a depressant as tartar emetic, do you not add moral insult to therapeutical injury? Our aim should be rather to husband our means. Since tartar emetic has no specific action upon the mucous surface to prevent the effusion of false membrane, since the only antispasmodic power it possesses results from the violent shock it produces, and since its other indications can be fulfilled by equally active, but less dangerous means, its use, except in rare cases, should be discarded. The first consideration in the treatment of croup is its prevention. When we have reason to fear its appearance in a family, or when it has already seized on one child, and we wish to save the others from it, it is our duty, as far as we can, to remove or neutralize all predisposing or exciting causes. From such climates and localities as have been mentioned as favorable to the disorder, the children are to be taken away; or, if this be impossible, the constitution is to be put in good order by suitable clothing, proper food, and the other hygienic means at our command, while the first symptoms are to be carefully watched for, and treated immediately on their appearance.

MM. DECHAMBRE and DELPECH have still further investigated the subject of the decoloration of tincture of iodine by urine. They have already shown that this test, proposed by Trousseau as a test for sugar in the urine, is of no value. The decolorization, according to them, depends upon the presence of saline matter in the urine, and particularly of uric acid and the urates. Lately, they have operated with the alkaline urine of carnivorous and herbivorous animals; and they find that the decolorizing power of the urine of carnivorous animals is very great, and that of herbivorous animals scarcely appreciable.—*Brit. Jour.*

M. BARRAL has presented to the Academy of Sciences some remarks of much interest concerning the crust of bread and the gluten contained in it. He had recently shown that, when equally dried, the crust of bread is more highly azotised than the crumb; and he also showed that the crust was more soluble than the crumb in water.—*Brit. Jour.*

PROFESSOR SCANZONI has gone to St. Petersburg, to attend the Empress of Russia during her confinement.—*Brit. Jour.*

Original Communications.

DRAINAGE FROM WOUNDS

AFTER EXSECTIONS.

By S. I. RADCLIFFE, M.D., ACT. ASSIST. SURG. U.S.A.,
U.S. GENERAL HOSPITAL, ANNAPOLIS, MD.

THE article on "Exsection of Head of Femur," with the gratifying result from the use of "drainage tubes," in the AMERICAN MEDICAL TIMES, for July 11, by Surgeon David P. Smith, U.S.V., deserves consideration.

Every item that may be added to facilitate the reparation of parts, or fill up the often great solution of continuity, made necessary by exsections or other similar operations, will tend much to decide the problem in this department of conservative surgery, whether or not they are at all times admissible, *i. e.* whether we may substitute them in all cases of compound comminuted fractures, especially of the joints, for amputation.

It is not our intention now to enter into a discussion in regard to resections or exsections, or their relative value, but to say a few words on the manner of after-treatment. Almost every surgeon has his peculiar mode of operating—whether it is the straight, the crucial, the X, the H, the T, the L, the V, the elliptical, or other incision. (We will not say whether this or that is adapted to the greater number of cases.) And every surgeon has his particular mode of uniting the incisions, his particular suture, and mode of treatment. Surgeon Smith's plan of drainage is very excellent, and it may answer fully as well for other descriptions of suppurating wounds or abscesses. It is often a source of great annoyance that the surfaces of wounds close over, encircling large cavities inclosing abnormal discharges, which are in many cases the cause of extensive sloughing and great destruction of surrounding tissues. The use of such drainage tubes, it seems to me, would facilitate very much the discharge, act as a tent, and render extensive incisions to empty such accumulations unnecessary.

It seems, however, there may be some objections urged against their use. We have not used them, and of course cannot speak from experience; all we may say, is, therefore, entirely suggestive. We think they may be an inconvenience, if not an annoyance or direct pain to the patient, by infringing upon parts made quite sensitive by the operation, probably upon nervous filaments or denuded nerves; or they may be a superadded irritant to the wound, may act as any foreign body, and may result in active inflammation. They may be inconvenient and troublesome to the surgeon or attendant by the difficulty in retaining them in position, by constant removal and readjustment, by their tendency to become foul, and from the incompleteness of the drainage.

We think there is a better method, and one which we have seen, and employed in this hospital with great advantage—one, we think, less liable to objection, and will meet all necessary indications—that is, by suction, or by withdrawing the discharge with a syringe. This plan was introduced in this hospital by Surgeon B. A. Vanderkeift, U.S.V., in charge; and from its entire eligibility and fitness, and the singular completeness with which it operates, I am induced to regard it *par excellence*, especially in resections where the part resected is required to remain immovable or in a quiescent state for a considerable period after operation, in order to form strong union or firm adhesion of the contiguous parts. The nozzle of the instrument may be introduced at any orifice of incision or in the original wound, and its liquid or semi-liquid contents drained, and at once and completely. Its performance is so simple that any assistant or attendant may use it with the greatest ease, subjecting the patient to no pain, and causing no disturbance of function or healthy action in the part, or

hemorrhage; and so convenient that it is attainable at all times, and may be always ready for use. Indeed, it is so simple that we need not attempt an explanation of it. It requires no directions, as any one at all conversant with the instrument can use it with the greatest facility. A syringe of almost any size or kind may be used, so the aperture in the nozzle is sufficiently large to admit the drainings; one of metal is better than one of glass, as it is not so liable to be broken. The piston should be well fitted, work smoothly and evenly, and it should be kept clean by occasionally rinsing with clean water.

Another item in the treatment of exsections or resections we would mention here, and that is the dressing. It is a common, I might say a constant and universal practice to employ simple or cold-water applications to all wounds, whether incised, penetrating, gunshot, or others, and yet we have seen the happiest results from *dry* dressings. After operations either in resections or other surgical operations, no application is made, but simply a piece of dry muslin laid over the wound, and, if in warm weather, a little spt. camphor sprinkled over the cloth to keep the flies, which are apt to be pests about suppurating wounds, from accumulating on it. The lint is laid in loosely packed cakum, this simple dressing applied, and the discharge drawn off with a syringe. We do not argue the value of this dry dressing, but believe it resides principally in its negatively "assisting the progress of disease," in contradistinction to Prof. Bennett's theory of positive "assisting the progress of disease;" or rather lowering the vital powers of the part, as is too apt to be done by continued cold applications; and the temperature is more likely to be equable than can possibly be the case, unless the cold be applied regularly and thermometrically. Of course we say nothing pertaining to stimulating and nourishing diet—they are inseparable.

MEDIAN LITHOTOMY.

By J. GRAFTON, M.D.

WATER-TOWN, JEFFERSON CO.

ON June 8, 1863, assisted by Drs. Lowe, Hannahs, Hale, Clark, Kinney, Webb, and Sill, I removed by median incision from the bladder of Mr. Totman, of Adams, *etat* 69, eight calculi, varying in diameter from the size of a button or chestnut to that of an almond. The steps of the operation were precisely similar to those which I described in the case of Mr. Allen, reported in your Journal, October 12, 1861, page 231, the length of the incision in this case being precisely one inch and a quarter, which gave ample room for the use of Tiemann's improved forceps.

The chief points worthy of comment in this operation were:—

1. A remarkably deep perineum, the patient being an extremely thick-set muscular man.

2. An enlarged prostate, the middle lobe projecting upwards into the bladder, preventing the use of the scoop which I had predetermined to use, believing the calculi to be small, from the fact that about a year previously the patient had undergone the operation of lithotritry in a distant city.

3. In consequence of this enlargement of the prostate, and the great depth of the perineum, it was necessary to bury a pair of forceps, nine inches long, up to their rings—and then only by raising the handle towards the pubic symphysis, and depressing the blades towards the rectum, could I succeed in touching the calculi, which lay behind this promontory of the prostate in a sort of pouch entirely out of reach of the finger, as in my former case, rendering it necessary, before I could seize them, to introduce the *fore and middle* fingers of my left hand into the rectum to elevate this pouch towards the jaws of the forceps.

4. The necessity of thoroughly exploring the bladder, and being provided, in addition to the ordinary instruments, with a *curved* and straight sound; for in this case the last calculus removed occupied a different position from the rest,

appearing to lie above the symphysis, perhaps held there by the contracted condition of the empty bladder, or possibly partially encysted there, as it was not dislodged without some force, and then only on making firm downward pressure with the hand from above.

The subsequent progress of the case has been remarkably satisfactory. The patient left his bed in a few days, and on the fourteenth day the small wound had entirely healed.

My experience of this operation is entirely too limited to urge its superiority over the lateral. I would only say that the objection urged against it, "*want of room*," would not induce me to abandon it; for this reason, that, in case of an unusually large stone which I could not break, I should not hesitate to carry my incision downwards into the rectum, freely dividing its anterior wall.

The median incision is admirably adapted for small calculi; and in the case of large ones I believe that, in the majority of instances, they could be readily broken, and removed by Tiemann's improved sequester forceps, which have lately rendered me efficient service in removing a calculus weighing one ounce and eighteen grains from the bladder of a lady in our village a few weeks since. They are so constructed as to be readily passed through the dilated urethra, and have sufficient strength to crush a tolerably hard stone.

SCURVY IN THE NAVY.

By R. S. FARQUHARSON, M.D.,

PASSED ASSIST. SURGEON, U.S.N.

(Continued from page 37.)

THOUGH somewhat apart from the present subject, it may be mentioned, *en passant*, that the quantity of solid food in our ration is too great, that very few men can eat it, and that the health of our ships' companies—rarely exposed to extreme cold, and leading a life of comparative inactivity (inactive in comparison to that of their brethren of the merchant service)—would be better upon a smaller allowance of solid food. The latter inference is supported by the good health of British sailors, and even they rarely consume their whole ration, hearty feeders as they are esteemed. However, to return to the subject, the solid part of the rations is very much the same, though ours surpasses the other in variety as well as quantity. Upon looking over the list of articles in our ration as they may be issued during one week at sea, viz. beef, pork, bread, flour, beans, peas, rice, butter, cheese, sugar, tea, coffee or cocoa, raisins or other dried fruit, molasses, vinegar, pickles, and whiskey, we are surprised to find that but three of these articles (vinegar, dried fruit, and molasses) have any pretensions to antiscorbutic virtue, and these of the slightest kind. Now, in what consists the boasted excellence of the ration of the British navy? In what does it surpass ours? Why can it be said truly in regard to the former, "That the health of crews, long afloat, and exposed to every variety of external condition, appears to be preserved to the full as well as that of persons subject to similar vicissitudes on shore?" (Carpenter's Hum. Phys., p. 342, Am. Ed.)

On the other hand, Why have we, with a feeling somewhat akin to shame, to remember the fact, that during the recent war with Mexico two of our vessels were almost or quite disabled by a disease now absolutely unknown in the British navy? The answer to this is to be found in the important fact, that on board H.B.M.'s ships an ounce of lime-juice is served out daily to each man, beginning two weeks after the issue of the last fresh ration, and the issue of this indispensable article can at any time be made more frequent or larger at the option of the surgeon. But it may be asked, What becomes of the allowance of lime-juice and of crystallized citric acid granted in the medical outfit of every vessel going to sea? The quantity of the former is so small as to show that it is intended to be used as a remedy, and not as a prophylactic (though in this case the old adage might be reversed, and a pound of prevention found to be better and cheaper than an ounce of cure). In

regard to the citric acid, it will hereafter appear as highly probable, that it possesses little or no antiscorbutic power, certainly not more than that of vinegar.

Pathology.—The old notion of the blood in scurvy being in a dissolved state, or in a condition resembling that of blood defibrinated by art, should have been laid aside when crude notions gave way to the accurate analyses and strict investigations of more modern times in the comparatively few cases of scurvy that now occur. But such is not the case; for not only do writers of excellent authority, when treating of other topics, incidentally allude to such a condition of the blood in scurvy (vide Tweedie's Liby. of Pract. Med., article Cachæmia, p. 59), but a recent author on the subject of scurvy actually assumes this partially defibrinated state, or a lack of the "*proteinous elements*," as the basis of his view of the pathology of the disease, and in consequence gives "*starch and lime-juice*."

That there is no dissolution of the red globules in the serum, nor any lack of the albuminous or proteinous elements, is shown from the statements of Dr. Budd (article Scurvy, Tweedie's Library of Pract. Med.):—1st. That the intermuscular and other effusions so common in scurvy, never, unless superficial, consist of blood, but in all cases of plastic lymph, often organized and connected to the adjacent tissues by blood-vessels. 2d. That in cases where blood has been drawn (for purposes of experiment), as complete a separation into serum and clot as is observed in other ordinary cases. 3d. The analysis of the blood in three cases of well marked scurvy, showing a large increase of both fibrin and albumen. This analysis, when compared with that of the blood of a healthy sailor, gives the following result:—

	Water.	Hæmat.	Fibrin.	Albumen.	Salts.
Average of three cases scurvy.	848.0	60.2	5.6	78.2	10.6
Normal case	788.8	133.7	8.3	67.2	6.8
Giving for scurvy	+59.2	-73.5	+2.8	+11.0	+3.8

Admitting fully the fallacy of all direct deductions from chemical analysis in regard to either pathology or therapeutics, even of what are termed blood diseases, the above comparison, showing, as it does, how scorbutic blood contains an excess of all the ingredients except hæmatosin, may serve as a guide in comparing scurvy with other more common diseases whose pathology is better understood. Using, then, the above formula of the blood in scurvy, and comparing it with others, the results of analysis of the blood in diseases in which there is a profound alteration of that fluid, we arrive at the singular, and, it may be, important conclusion, that in its blood changes scurvy more nearly resembles chronic rheumatism than any other disease. In both there is the same anæmia from the diminution of the red globules and an increase of the watery element; in both, the same increase of fibrin; alike, again, in both affections having a "*peculiar inflammation*," with plastic effusion, not prone to suppuration and the extreme degrees of ordinary inflammation; and lastly, alike in being speedily and certainly remediable by the salts of potash. The most recent views in the pathology of this disease (to my knowledge) are those of Dr. Garrod and of MM. Becquerel and Rodier, the former assuming a deficiency of the potash salts, and the latter a redundancy of the salt of soda.

We come now to the last and most important, but fortunately, in a practical point of view, the easiest part of the subject.

Since the year 1564, the juices of limes, lemons, and of unripe oranges, have been known to be singularly efficacious in the treatment of scurvy. In 1795 lime-juice was introduced into the ration of the British navy by an Admiralty order, and from this period may be dated the final expulsion of scurvy from that service, and the "*sudden diminution of the sickness and mortality to an extent scarcely credible*."

It is useless to insist on the well known fact of the power of lime-juice in curing scurvy, as there is but one recorded instance of its failure, and this may be the exception that proves the rule. A more important consideration is, Upon what does this curative power depend? Is it, upon different principles, to be found in the various antiscorbutics? or is it rather upon something common to all? The last will be found to be the case, for, upon a survey of the host of articles of admitted virtue, all will be found to contain some salt of potash. The green, herbaceous parts of plants, with the juices of unripe fruits, we are told by chemists, abound with the various salts of potash, the alkali being here in combination with some one of the vegetable acids, citric, acetic, malic, tartaric, oxalic, etc.; but, as far as this action in the animal economy extends, they may be regarded as the salt, being all converted into the carbonate during their passage through the body. Again, all the following articles which have been found of service, either in the prevention or cure of scurvy, will be found to contain potash, viz. lime-juice, unripe fruits, oranges, guavas, apples, the uncooked plants of the cruciferae, cabbage, cresses, turnip, or those prepared as sour-kraut, raw turnip, beer made of spruce, molasses, wine, cider and the vinegar therefrom (pure vinegar, made by the German process in the acetous fermentation of alcohol, being an exception), gunpowder, saltpetre, and lastly, the potato, the effective antiscorbutic of our immense whaling fleet (by analysis found to contain citrate or tartrate of potash, possibly both).

This apparently hasty generalization derives further support and countenance from the interesting article of Dr. Hammond, U.S.A., on scurvy (*Amer. Jour. Med. Sciences*, Jan., 1853), where not only was the use of water containing potash found to procure an exemption from the disease where its causes were peculiarly rife, but in the treatment of cases one salt of potash was successfully substituted for another, as the necessity of a limited supply of each compelled.

"Both this (the bi-tartrate) and the carbonates, however, becoming exhausted at the first, I administered several other salts of the same article, both separately and with citric acid, without, however, perceiving that the latter article at all accelerated the cure."

A singular, but generally prevalent misapprehension exists in regard to the true curative agent in articles used as antiscorbutics; for instance, Becquerel and Rodier speak of treating scorbutus "by tonic regimen and the use of the vegetable acids;" here, however, the expression "*vegetable acids*" may be loosely used for the acid or supersalts of vegetable juices, and not, as the term would strictly convey, an idea of the pure, separated or crystallized acids, such as the citric, tartaric, etc.

Again, our greatest authorities, Wood and Bache (*Dispensatory*, article Citric Acid), speak of citric acid as antiscorbutic, and capable of supplying the place of lime-juice; hence I suppose our ships are bountifully supplied with it. That this is a mistake, the fact shown above that all antiscorbutics contain potash—the statement of Dr. Hammond, above quoted, of the inefficiency of citric acid—and, lastly, that it possesses no curative powers in rheumatism (a disease nigh to scorbutus), while lime-juice is all powerful—all go to render exceedingly probable. The correctness of the above views being admitted, I leave it to others more conversant with the economical point of the question to determine what shall be the antiscorbutic (if any) to be introduced into the sea-ration—whether we shall imitate the British and use lime-juice rendered unfermentable by the addition of a small quantity of spirits, or, as recommended by Dr. Hammond for the army, serve out some salt of potash—the bi-tartrate, as most palatable. The attention of the Chief of the Bureau is respectfully invited to the following leading points, insisted on and attempted to be established in the above remarks.

I. A "scurbutic taint" among the men of our navy with the present ration.

II. The imperfection of our navy ration, in not including any decidedly anti-scorbutic article.

III. The defective supply of a "*preventive*" in the medical department.

IV. The comparative pathology of scurvy.

V. A salt of potash, the true antiscorbutic element in every article.

VI. The want of antiscorbutic virtue in the "*vegetable acids*" when pure and uncombined.

Hoping an indulgent reception of the above random and imperfect production, the offspring of an abundant leisure during our recent cruise, and trusting that it has not trespassed too far on your time and patience, I have the honor to be,

Yours, etc.

Reports of Hospitals.

FINLEY GENERAL HOSPITAL, WASHINGTON, D.C.

GUNSHOT WOUND OF ARM—RESECTION—ERYSIPELAS—

PYÆMIA—DEATH.

By T. R. POOLEY,

MEDICAL CADET, U.S.A.

J. R. PERKINS, private, Co. A, 121st Regt. New York Vols., was wounded in the action at Chancellorville, May 3, 1863, by a minié ball, which entered the inner side of the arm three inches below the head of the humerus, and passed directly through the limb, shattering the bone. Upon his arrival at this hospital, May 7th, he was placed under the care of Act. Assist.-Surg. Keys. On examining the wound it was found very much swollen and the edges gaping widely, a partial resection having been performed on the field. The inflammation gradually subsided, and on May 15th a consultation was called, and it was decided to perform resection. Accordingly, the operation was performed by Dr. Keys, by extending the incision which had previously been made about four or five inches, and three inches more of the shaft of the humerus were removed. The patient rallied well; the edges of the wound were brought together with sutures, and irrigation was applied to keep down inflammation. The wound now took on healthy action, and the patient continued improving rapidly until May 23d, nine days after the operation, when he was seized with severe rigors, followed by violent febrile action, which recurred regularly every day until the night of the 27th, when typhoid symptoms were manifest, with erysipelous inflammation of the wound. His stomach, which had been very irritable since the first appearance of the rigors, now rejected everything. May 28th.—Unfavorable symptoms increased; pulse 120, and feeble; tongue dry and parched. Irritability of stomach continues. Erysipelas extending; it has reached to the shoulder, and about three inches below the elbow. Solution of ferri sulphas and bromine was applied, and tonics, stimulants, and nourishing diet, ordered in as large quantities as the stomach would tolerate. Has been able to retain a little brandy and water. Other symptoms about the same; he complains of pain in the chest, without being able to refer it to any particular spot; has slight cough. Seven P.M.—Complains of pain when coughing; has dyspnoea and a cadaverous countenance. Tongue very dry; complains of great thirst. Pulse about the same as in the morning; skin moist; passes water freely. Bowels quiet, free from pain, but complains of a sensation of great heat in the abdomen. Wound continues to discharge tolerably healthy pus. May 29th.—Tongue again moist; respiration hurried; extensive dulness over both lungs; still has the same anxious, cadaveric look; does not complain of pain. Thirst continues; erysipelas almost disappeared under treatment. Eleven A.M.—Asked to be raised in his bed to drink; drinks freely; appears cheerful, and asks to sit up in his chair. After sitting up in bed a few minutes requested to be laid back, and immediately died.

Autopsy, about six hours after death.—Body well developed. Rigor mortis well marked. *Thorax.*—From three pints to two quarts of bloody serum mixed with coagulable lymph was found in the pleural cavities. The lower borders of both lungs were studded with metastatic abscesses. The heart was perfectly normal. *Abdominal Cavity.*—All the abdominal organs presented a healthy appearance. The wound was now opened, and the parts examined; the ends of the bone were found neatly trimmed, and coagulable lymph had been abundantly thrown out; the pus secreted by the wound was small in quantity and healthy in appearance.

Of course, cases similar to the one above related will always be frequent after the severe gunshot injuries received in battle, the necessary disturbance of transportation, and the surgical procedures so often required. In this instance, to all the other sources of irritation were superadded that of an exsection performed on the field of battle—an operation difficult to perform properly under such circumstances, and the good effects of which, if ever so well done, are liable to be frustrated by the subsequent and often violent jolting of necessary transportation. It is worthy of the most serious consideration whether such operations had not better be deferred till the sufferer has reached his destination in some permanent hospital.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, January 7, 1869.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

FRACTURE OF LOWER JAW, TREATED BY INTRA-DENTAL SPLINTS.

DR. AUSTIN L. SANDS read the following case of fracture of the lower jaw, and exhibited an improved apparatus for its cure. Within the past two months I have had under my observation and care a case of fracture of the lower jaw. The means used for the cure being, as far as I know, entirely novel and perfectly successful, I have taken the liberty of presenting them to the members of the Academy.

Mr. J. P. Gunning, the gentleman receiving the injury, is by profession a dentist, and a thorough knowledge of his profession enabled him to devise and execute the means used for his cure.

Some time before receiving the injury he had mentioned to me his plan for securing a broken jaw, and I had promised, in case of meeting with such an injury, to try it. It so happened that Mr. G. was the first to receive the benefit of his ingenuity, fracturing his lower jaw by being thrown from his horse. The fracture extended from the right canine tooth obliquely to near the symphysis. The soft parts covering the bone were lacerated, and the displacement was sufficient to allow the placing of a finger between the teeth. The apparatus used for securing the fracture was a vulcanized india-rubber used as a splint, covering the teeth entirely, and secured by a fine screw on each side passing into a molar tooth. In this case, after securing the fractured extremities by passing a ligature tightly around the teeth at the seat of fracture to keep them in place, an impression of all the teeth of the lower jaw was taken in wax. From this a plaster mould was made, and on this the vulcanized rubber was cast. In this way was formed a splint covering and fitting accurately to all the irregularities of the teeth of the fractured jaw. A small hole was made through the outer side of the splint to allow the passing of a fine screw through it to be fastened into the first molar tooth of each side, to keep the splint from working up. It fitted so closely there was no necessity for it, as it has been worn since the first application without the screw. The instrument was made and applied some eight hours after the injury was received. As soon as it

was adjusted the fractured extremities seemed to be so securely held in place that I did not consider a bandage necessary. On the following morning the patient was in his office attending to his business, and continued to do so regularly. The splint remained on without being removed for twenty-four days. It was then taken off to see the condition of things, and a very good union was found to have taken place, sufficient to allow the patient to talk with ease to himself. The splint was then replaced without putting in the screws, and was worn regularly till the expiration of six weeks from date of injury. After that it was only worn while eating, or during the performance of his dental operations, when the muscular force used brought some strain upon the jaw. The splint fits so closely that food cannot work up between it and the teeth, and by using a syringe the parts were kept perfectly clean and pure.

The advantages derived from the instrument are the perfect steadiness with which the fracture is held in place, the great comfort to the patient in being able to eat and talk, and if the fracture is in the anterior part of the jaw, being able to go without the application of a bandage, trusting entirely to the support of the splint. This would not be the case if the fracture was behind the first molar teeth, as there would not be sufficient support from one or two teeth to hold the fracture in place. In that case the ordinary bandages would be required, and the splint would merely assist in steadying the fracture and giving an even bearing for the upper jaw to rest on.

After a careful consideration, I am led to believe that this splint can be made of great assistance in all cases of fracture of the lower jaw, where it is such as to require the use of bandages, overcoming irregularities in the jaw from the loss of teeth or irregular conformation, as the rubber can be moulded in any shape required, giving an even bearing to be bound up against the upper jaw, with indentations in the upper surface of the splint for the teeth of the upper jaw to rest in, holding the fracture in that way perfectly steady.

An opening can be left in the front to allow the introduction of liquid food, and the instrument need not be removed till the cure is complete.



a, a, a, a, Screws by which the plates are secured to a molar tooth on each side.

DR. STEVENS.—I look upon the contrivance as far beyond anything in our way of treating fractures of the lower jaw that has ever been discovered. Like every other useful discovery, it has the advantage of great simplicity. As Dr. Sands has well remarked, it is not strictly applicable to fractures of the inferior maxilla, posterior to the canine teeth, but it may be made a great adjuvant even in the treatment of such cases. I congratulate the Academy on behalf of this discovery, for I firmly believe it to be of such importance as to last for ever.

Dr. Post remarked that Lonsdale had already advised a somewhat similar apparatus for the treatment of that variety of fracture. The plan was first to take a wax cast of the teeth, and then carve from that cast an ivory one, to adapt itself exactly to the teeth of the lower jaw. But, besides this, there was a wooden splint adapted to the base of the jaw, and the two screwed together. This apparatus was advised by Lonsdale in all cases of fracture of the lower jaw, but particularly those in which the upper teeth being defective, there was not sufficient support afforded by the upper jaw. The principle of Dr. Sands's splint was the same as that of Lonsdale, though the material and mode of construction were peculiar.

Dr. STEVENS.—The statement of Dr. Post is the only attempt of anything of the kind that has been made, so far as my reading or knowledge extends, but it was not of a character to diminish materially the value of this discovery. It has never been adapted to practice, and is almost entirely forgotten.

Dr. A. L. SANDS stated that his idea of Mr. Lonsdale's splint had been simply a carved piece of ivory adapted to the teeth of the lower jaw. In any event he did not think it would compare to the adaptability of Mr. Gunning's apparatus.

Dr. ANDERSON.—Mr. Gunning says that the cast had better be taken as soon as possible after the accident, in order to provide against the consequences of the gums swelling.

Mr. T. B. GUNNING.—The difficulty to be surmounted in promptly taking a cast of the jaw is not so much due to the swelling of the gums *per se*, as to the difficulty (in consequence of the swelling) of opening the mouth wide enough.

Dr. PEASLEE.—I would like to ask in what form the article can be purchased, in order that we may use it?

Mr. T. B. GUNNING.—It is very easily obtained, but not so easily worked. The most experienced surgeon would probably find it more to his advantage to call in a dentist to his aid, for there are a great many details about getting an accurate cast of the jaw, which one not acquainted with mechanical dentistry would not be prepared for. The surgeon should find the brains, while the dentist attends to the mechanical part. The material is Goodyear's patent hard rubber, and may be obtained from any of the manufacturing dentists, but particularly of Franklin, who is the agent for it.

The Meeting was then adjourned.

American Medical Times.

SATURDAY, AUGUST 8, 1863.

PROVISION FOR DISABLED SOLDIERS.

AMONG the questions growing out of the war which are to interest philanthropists, one of great importance is the proper disposition of disabled soldiers. Every country that maintains a large military force must have some system of pensioning and of support of those disabled in the Government service. The obligations of the United States to the future care, and, if necessary, the support of its disabled soldiers, is, if anything, more sacred than that of other governments to the same class. It is by their fidelity, bravery, and personal sacrifices, that this Government has, and will have, an existence. The extent to which this country is to be taxed on this score is thus foreshadowed by a competent authority:—

They calculate that, if it continues a year longer, not less

than a hundred thousand men, of impaired vigor, maimed, or broken in body and spirit, will be thrown on the country. Add to this a tide of another hundred thousand men, demoralized for civil life by military habits, and it is easy to see what a trial to the order, industry, and security of society, and what a burden to its already strained resources, there is in store.

In the establishment of the Invalid Corps our Government has already taken the first step in the solution of this question. Large numbers of disabled soldiers are now employed in the public service who would otherwise become pensioners both upon the Government and people. But this is not all that must be undertaken for the future welfare of this class of soldiers. It is gratifying to notice that this subject is already attracting the attention of the Sanitary Commission, which is ever anticipating as well as immediately supplying the wants of the soldier. To determine the nature of the provisions made by European governments for disabled soldiers, and as a preliminary study of the subject, the Commission instructed Mr. S. G. PERKINS, of Boston, a gentleman interested in these inquiries, and who was about to embark for Europe, to collect information. In May last Mr. P. submitted his report, which contains an interesting sketch of the pensioning and hospital systems of France, Prussia, Austria, Russia, and Italy.

From a review of the information gained, Mr. P. concludes that, in France and Italy, the provision for the common soldiers, as well in regard to the terms on which the pension and the right of admission to hospital are accorded, as to rates of pension allowed, and to the care of their widows and children, is far more just and humane than that existing in Germany. In Prussia and Austria, the minimum pension of the common soldier is a mere pittance, which can go but very little way towards supporting him, and only those most severely injured gain admission to the hospitals. In France, the pensions have been raised several times, and the minimum now for the common soldier is one franc a day. In Italy, it is about fifty-five centimes; in Prussia, twelve thalers a year; and in Austria, five kreutzers (say two cents) a day. The average of all the pensions of subalterns and soldiers in Austria appears to be only twenty-eight florins per annum, or between three and four cents a day. He also notices a striking contrast in the treatment of officers and soldiers. In France, about one-fifth of the pensions is paid to officers, and the amount so paid is about fifteen thirty-thirds of the whole payment; whereas in Prussia, only one-sixth of the pensions belongs to officers, but it absorbs twenty-eight thirty-thirds of the payment; while in Austria, the pensions of the officers and their widows are one-fourth of the whole number, and absorb about twenty-eight thirty-thirds of the whole payment. In contrasting France and Italy, it appears that although the rates of pensions are about the same (allowing for the cost of living), and the terms of admission both into the ranks of the pensioners and into the invalid establishments are very similar, the practice of the pensioners is quite different. While in France, the number in hospital is constantly diminishing, and the inmates and admissions consist almost entirely of men over sixty years of age, and the whole number of invalids is only about two thousand, with a pension list of over fifty-seven thousand, in Italy there are over ten thousand men in the hospitals, with a pension list

of about thirty thousand. The returns from all these countries agree in one particular, and a very important one for our consideration, viz. that, in consequence of the laws establishing pensions and hospitals having been made at different times, and without due regard to each other, there is no just proportion between the cost of maintenance of the invalids in hospital and the rates of pension allowed, even where the latter are the most liberal. For example, in the year 1861 there was an average number of 2,302 invalids in the Hotel des Invalides in Paris, and the cost of maintaining them, including all salaries, and the charges for repairs of the Hotel, but no rent, was frs. 2,313,744.41, equal to frs. 1,005.10 per head. The amount of pensions which would have been paid to these persons, had they not entered the hospital, would have been, as nearly as can be ascertained, frs. 1,150,890, or, say, frs. 548.30 average, per man, a cost to the State of nearly twice as much in hospital as the amount of their pensions. A similar result is found in Italy, where the hospitals are crowded. The contrast is still greater in Germany. The 480 invalids in hospital in Prussia cost more in proportion to the average of pension than the French invalids do; and in Austria, where the average of all the pensions of subalterns and soldiers is only 28 florins per annum, the average cost of 200 officers, and 201 soldiers and subalterns, in the six hospitals and Filialien, is 162 florins per head per annum. The general conclusion is, that all laws establishing pensions and invalid hospitals should be made with reference to each other.

Mr. Perkins remarks, that the great point to be avoided in framing our law, and yet one which seems to have been almost everywhere overlooked, is the failure to provide regular civil occupation for the invalids. For want of this, it has been found impossible at the Hotel des Invalides, in Paris, to prevent drunkenness. Dr. Faure, the head-physician of that establishment, told him that it was common for the invalids to sell their rations of meat and bread, in order to obtain the means to buy brandy, and that nearly all the punishments which they were forced to inflict, arose from drunkenness. Other officers of that establishment corroborated his statement, and all said, if you establish an invalid hospital system, let regular occupation for invalids be the corner-stone of it.

He especially recommends two features in the foreign systems: First, the Prussian and Italian plan of dividing all the invalids into two classes—one still fit for stationary duty, and one unfit for military duty, from the former of which the garrisons, in certain proportions, are recruited. By extending this to all pensions, and allowing those fitted for service to volunteer for garrison duty, perhaps a considerable number of pensioners might be saved, as it is presumable that the United States Government will be obliged to maintain numerous garrisons for many years after the present war shall have come to an end. Second, the Prussian plan of issuing warrants to military pensioners by government, securing them appointments to the first places vacant in certain subordinate branches of civil service (such as the railroads, post-offices, custom-houses, etc.), for which they may be found fit, to the exclusion of competitors from civil life, and as fast as they are provided with places in the civil service, they are stricken off the pension list. This system is very economical for the government, but in Prussia it works a great evil, by building up a military caste

among the lower orders of society, analogous to the one which exists among the upper classes. In the United States, he thinks we should have little to fear on this score; and as our Government is obliged to maintain a multitude of subordinate officers in the custom-houses, the post-offices, etc., it might be no disadvantage to have half the number consist of men entitled to hold their places during good behavior, and so removed from the corrupting influences of political changes.

We have copied largely from this interesting report, the better to present its statements and conclusions. We shall hereafter notice the scheme proposed by the commission, and by Mr. Perkins. In conclusion, we quite agree with the author it is very important, for economical and other reasons, that a variety of occupations should be offered to them, so that the different tastes and habits of men may be suited, as far as possible, and the number of idle pensioners in the republic reduced to the utmost; and no invalid ought to be left in the position to complain, that with a pension less than sufficient to support him, he is forced to compete in the open labor market with able-bodied men.

THE WEEK.

THE New York Soldiers' Dépôt grew out of the necessity of having an institution in this city devoted to the immediate care of the New York sick or wounded soldiers on their arrival from the field of battle or from hospitals. The sum of \$200,000 was appropriated by the last Legislature for this purpose, and placed at the disposal of the Governor. The Governor appointed a Board of Managers, consisting of ADJUTANT-GEN. SPRAGUE, INSPECTOR-GEN. MILLER, QUARTERMASTER-GEN. TALCOTT, and SURGEON-GEN. QUACKENBUSH. This Board selected the large and commodious building 50 and 52 Howard street, and had it fitted up with every convenience for the comfort and proper care of the sick. No hospital could be more complete in all its appointments and details. The superintendent selected by the Board, COL. NEVILLE, is a thorough disciplinarian; and the Resident-Surgeon, DR. WELSH, is a man of experience and skill. The "Dépôt" has numerous agents who visit Washington and other points, where soldiers may be found *en route* to New York, and who furnish them all suitable aid. A Board of Consulting Surgeons and Physicians is also attached, embracing some of the most eminent members of the profession of the city. Since the opening of the institution, now about two months, upwards of five thousand soldiers have received its benefits.

THE comparative liability of white and colored troops to diseases of a malarious origin has long since attracted the attention of the English authorities, and has doubtless greatly influenced the composition of their forces serving in malarious countries. From the annual report of the British army for 1859, it appears that in Jamaica the ratio of mortality is as follows:—White 101.9, black, 8.2; Bahamas, white 159.0, black 5.6; Sierra Leone, white 410, black 2.4. These facts have an important bearing on the present policy of our Government in organizing negro regiments for service in the malarious regions of the South. Already SURGEON-GENERAL HAMMOND has been able to contribute an item of statistical information bearing on this point. In a recent communication to the Secretary of War he states that MEDICAL-INSPECTOR TOWNSHEND reports, that

in the Department of the Gulf white and colored troops are found serving together, and equally subjected to malarious influences. The ratio of sick, of diarrhoea, dysentery, remittent, intermittent, typhoid fevers, etc., is white 10.8 per cent., and colored 0.8 per cent. The argument in favor of the employment of colored troops at the South, if based on their comparative immunity from the diseases peculiar to that region, is conclusive.

By direction of the Secretary of War, Dr. C. H. NICHOLS, the accomplished Superintendent of the Government Hospital for the Insane, Washington, visited the Eastern Lunatic Asylum, Williamsburgh, Va. This is the oldest asylum for the exclusive treatment of insane in the United States. It has stood on debatable ground, but since the occupation of that village by the Union Army in 1862, has been in charge of the U.S. Government. The present medical officer is Dr. JAMES L. WATSON, Assist.-Surgeon 139th Reg. N.Y.V. It contained at the time of its inspection 216 patients; white 191, colored 25. The physician and attendants seemed intelligent and humane, and the institution seemed to be under proper discipline. The Asylum, like most of the public buildings of Eastern Virginia, has neither water-closet nor urinal, nor proper sewerage or water supply. Dr. NICHOLS did not advise any change in the management of the institution under existing circumstances.

It should be stated that the article by Dr. FARQUHARSON, late of the U.S. Navy, was written upwards of ten years since, and is not to be taken literally as applicable to the regulations of the navy at present, but rather as illustrative of the causes and prevention of scurvy. The paper was transmitted to us by Dr. F. H. HAMILTON, Med.-Inspector, U.S. Army. In another column the present law regulating the Navy ration will be found.

Reviews.

A MANUAL OF MINOR SURGERY. By JOHN H. PACKARD, M.D., Demonstrator of Anatomy in the University of Pennsylvania, etc., with 145 illustrations. Philadelphia: J. B. Lippincott and Co., 1863. Pp. 288.

MINOR SURGERY is practically more important than capital surgery, as it embraces a knowledge of all those appliances and methods which are comprehended under the term "good nursing." Upon it depends the fate of the majority of cases in surgery of whatever grade of severity. Whatever effort, therefore, is made to qualify the young surgeon in minor surgery, is deserving commendation. Our surgical literature is deficient in well written works on this branch of surgery. This subject is also much neglected in the schools—professors of surgery will occupy the whole course of instruction with the detail of theories, and the minute description of the large operations, passing over as unimportant those minor but everyday subjects which are so largely to occupy the attention of the young practitioner. It is of vastly more importance that the student should so learn by actual practice to apply a bandage and splint as to become an expert manipulator, than to familiarize himself with all the capital operations.

Until the appearance of Dr. Packard's work the Minor Surgery of Sargeant was the only American work adapted to students and junior practitioners. It has answered an excellent purpose, and we are glad to see it still passing through successive editions. It is to be regretted that more care is not taken in incorporating recent improve-

ments, and omitting details that are now of little importance. A careful comparison of these two works does not satisfy us that Dr. Packard's is on the whole preferable to that of Dr. Sargeant. The former is somewhat more complete in the number of subjects introduced, but it is not more simple and concise in detail. The illustrations are quite inferior. We could not, therefore, pronounce the former the more deserving of the patronage of surgeons engaged in civil practice.

The work of Dr. Packard is, however, an addition to the literature of minor surgery, which is, it appears, well adapted to the army surgeon. It has received the unqualified approval of a Board of Surgeons appointed by the Surgeon-General. It is in this field that the work will doubtless find its appropriate mission and its chief success.

Correspondence.

REMARKS ON REGIMENTAL HYGIENE.

[The following letter of a regimental surgeon to Prof. Hamilton is worthy of attentive perusal.—Ed.]

SIR:—Knowing your great desire to improve the condition of the U.S. Army, and admiring the zeal you manifest in your very close and careful inspections, allow me to set forth to you, in as few words as possible, the past condition of the 18th Mich. Vols. under my charge, in a sanitary point of view, the improvements taken place, by what means, etc., together with my opinion as regards diet, exercise, disease, etc., which has been the only and necessary result of close observation.

Firstly: This regiment is composed chiefly of young men of good families, of social standing, of education, reared in affluence, and unaccustomed to severe labor. The balance is composed of farmers and farmers' sons, all men of good moral character, and temperate in habit, and generally of excellent physical constitution.

Secondly: They were mustered into the U.S. service at Hillsdale, Mich., on or about the 26th of August last; left for Kentucky almost immediately, and arrived at Covington Sept. 5th; on the 23d Sept. marched from Covington to Snow's Pond, Lexington Pike, Ky., distant fifteen miles; left Oct. 6th for Camp A. J. Smith, distant ten miles; Oct. 10th, left for Camp Wells, Ky., distant eighteen miles; left Oct. 16th, and marched to Camp Jones, eighteen miles; thence on the 19th for Georgetown, Ky., twenty miles; thence on the 21st for Lexington, thirteen miles, at which place the regiment was stationed until Feb. 21st, 1863, at which date it left Lexington for Danville, Ky., distant thirty miles, and remained until the 21st March; then marched to Stanford, thirteen miles, and returned to Danville, March 23d; on the 24th marched to Camp Scott, twelve miles; on the 27th left for Nicholasville, seven miles; the 28th marched to Camp Dick Robinson, six miles; the 29th to Lancaster, seven miles; the 30th marched to Dix River, five miles; thence returned to Lancaster, and marched to Crab Orchard, eighteen miles; 31st left Crab Orchard and marched to Buck Creek, twenty miles; April 1st returned to Crab Orchard, 2d to Stanford, 8th to Danville; 9th left Danville for Lebanon, arriving on the 10th, twenty-eight miles; 13th, left Lebanon for Nashville, Tenn., by rail, arriving on the 14th, at which place it is still encamped.

I joined the regiment at Lebanon, and found it about to leave for Nashville; had no time to inform myself in regard to its sanitary condition until we arrived here. During the balance of the month of April the number reporting sick daily ranged from forty to sixty cases, consisting principally of diarrhoea, many of them being already chronic, all of which I found to be very difficult to treat so as to afford relief. The rations used by the men at this time were strictly army rations of hard bread and salt pork and beans. The locality in which we were encamped was excellent, free from all miasmatic influence, well policed

and cared for. The rations were also invariably extremely well cooked. But notwithstanding the advantages derived from rest, a clean and well located camp, well cooked rations, good tents, etc., I daily found the men becoming less susceptible to the effect of medicines administered, and the number of sick slowly increasing, the diseases also increasing in violence and virulence. Feb. intermittens commenced about May 1st. The first cases were severe. Quinine, as an antiperiodic, was of no value. Being somewhat surprised at the little benefit derived from medical treatment, and thinking I had some latent but powerful influence opposing me, I subjected each man presenting himself on the report to a strict examination, and found that, with very few exceptions, all were suffering from *scorbutic* poison—their systems perfectly infiltrated with it, as it were—so much so, that, if a vesicant was applied, it was most surely followed by erysipelatous inflammation. Scarifying and cupping, the same; and in many cases a peculiar eruption existed, which I presume you have heretofore observed in scorbutic cases. This was the secret force arrayed against the means of cure. I immediately adopted the following course:—1st. Change of food, withdrawing all salt food, beans, and hard bread; fresh soft bread, fresh beef, and corn meal were substituted. The men were daily charged to eat of no grease, and of nothing but the fresh rations, adding vinegar and pepper, together with a few vegetables, which through your influence I was enabled to obtain for them. From this time to the present a very small amount of medicine was used. The same food has been continued in such quantities as we have been able to obtain both from the Commissary and the Sanitary Commission, to whose kindness I acknowledge myself indebted for supplies of potatoes and onions at different times; and am very happy to state to you that now we have less than thirty sick in quarters, the most of whom are at any moment able to don the knapsack, and march, gun in hand, if called upon. No disease assumes a malignant form; medicine now has a happy effect, and the men are jovial and jubilant, instead of being torpid and sluggish. You will notice that corn meal was substituted for beans, and that the substitute is still in use. My reasons are these:—I consider beans the most indigestible of all vegetables, and, if this is true, they, of course, must be the most injurious. The bean, let it be cooked and prepared as it may, ferments in the stomach before it digests, and diarrhoea and an irritated alimentary canal are the necessary results. It also gives to the system a vast amount of carbon, which is not required in the warm climate, nor in any climate or latitude with the thermometer at 90°. The corn meal, on the contrary, is generally grateful to the stomach, gently loosens the bowels, sufficient to maintain them solvent, and thereby prevents the accumulation of irritating substances in the intestines, has as much nutriment as the system requires, can be prepared in so many different ways, and enters so many potages as an ingredient, that it is far more healthy, more convenient, and after a few days eaten as heartily as any class of food ought to be.

My attention was first called to the value of corn as aliment for an army in 1852, '53, '54, and '55, during which time I held the commission of surgeon in the Mexican army. Being most of the time Division Surgeon, I had the opportunities to thoroughly examine the subject, and I can say that I have known seven thousand men on the march for twelve successive days, with no other ration than one quart of parched corn in their haversacks daily, and without there being five sick in the whole division to which I belonged. Scurvy is a disease almost unknown in that army, and I can assure you that corn is, at all times, the principal article of food, and at many times the only one the soldier can obtain.

Again: It is often observed that fresh beef is productive of diarrhoea, dysentery, etc. That this should be, seems to me very strange; and I am led to believe that these diseases are the results of salt grease and bad cooking, and

not of the fresh beef. Fried beef (that is beef saturated with rancid pork grease, and half cooked) most undoubtedly will produce not only these diseases, but others which are pathologically blood poisons, but I do not believe that good beef, well boiled, or broiled on the coals, the gridiron, or toaster, ever has or ever will produce any disease, as long as it is used as it should be, and not gormandized.

The price of vegetables has been very high, but now the prices have fallen; vegetables now are abundant and cheap. Will you, Sir, use your influence, to the end that at least four full rations of potatoes can be obtained every week? As a recompense for this service, I will have the men under my charge not only able but willing to do duty at any time, deducting a very small percentage for those diseases which are unavoidable.

I have been far more lengthy than I intended, but I could not conveniently find a stopping-place.

Very respectfully, your obt. servt.,
CHAS. L. SOUTHWORTH,
Surg. 18th Mich. Vols.

Army Medical Intelligence.

EXTRACTS FROM AN ACT TO ALTER AND REGULATE THE NAVY RATION.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the navy ration shall consist of the following daily allowance of provisions to each person: One pound of salt pork, with half a pint of beans or peas; or one pound of salt beef, with half a pound of flour, and two ounces of dried apples, or other dried fruit; or three-quarters of a pound of preserved meat, with half a pound of rice, two ounces of butter, and one ounce of desiccated "mixed vegetables;" or three-quarters of a pound of preserved meat, two ounces of butter, and two ounces of desiccated potato; together with fourteen ounces of biscuit, one-quarter of an ounce of tea, or one ounce of coffee, or cocoa, and two ounces of sugar, and of a weekly allowance of half a pound of pickles, half a pint of molasses, and half a pint of vinegar.

SEC. 2. *And be it further enacted,* That fresh or preserved meat may be substituted for salt beef or pork, and vegetables for the other articles usually issued with the salted meats; allowing one and a quarter pound of fresh or three-quarters of a pound of preserved meat for one pound of salted beef or pork; and regulating the quantity of vegetables so as to equal the value of the articles for which they may be substituted.

SEC. 3. *And be it further enacted,* That should it be necessary to vary the above-described daily allowance, it shall be lawful to substitute one pound of soft bread, or one pound of flour, or half a pound of rice for fourteen ounces of biscuit; half a pound of rice for half a pint of beans or peas; half a pint of beans or peas for half a pound of rice.

SEC. 4. *And be it further enacted,* That, in case of necessity, the daily allowance of provisions may be diminished or varied by the discretion of the senior officer present in command; but payment shall be made to the persons whose allowance shall be thus diminished, according to the scale of prices which is or may be established for the same; but a commander who shall thus make a diminution or variation shall report to his commanding officer, or to the Navy Department, the necessity for the same, and give to the paymaster written orders specifying particularly the diminution or reduction which is to be made.

SEC. 6. *And be it further enacted,* That the provisions of this act shall go into effect in the United States on the first day of the succeeding quarter after it becomes a law; and in vessels abroad on the first day of the succeeding quarter after its official receipt; that any acts and parts of acts which may be contrary to or inconsistent with the provisions of this act shall be and are hereby repealed.

SEC. 7. *And be it further enacted*, That the Secretary of the Navy be authorized to procure the preserved meats, pickles, butter, and desiccated vegetables in such manner and under such restrictions and guarantees as in his opinion will best insure the good quality of said articles.

Approved July 18, 1861.

FROM THE NAVAL APPROPRIATION BILL, APPROVED JULY 14, 1862.—SEC. 4. *And be it further enacted*, That from and after the first day of September, eighteen hundred and sixty-two, the spirit ration in the Navy of the United States shall for ever cease, and thereafter no distilled spirituous liquors shall be admitted on board of vessels-of-war except as medical stores, and upon the order and under the control of the medical officers of such vessels, and to be used only for medical purposes. From and after the said first day of September next there shall be allowed and paid to each person in the navy now entitled to the spirit ration five cents per day in commutation and lieu thereof, which shall be in addition to their present pay.

GENERAL ORDER.—From and after the first day of September next, the law allows *five cents per day* to each person in the navy, now entitled to the spirit ration, in commutation and lieu thereof, which shall be in addition to their present pay.

Pay officers will credit this allowance on their rolls, under the separate head of "undrawn spirits," to each person on board ship entitled to a ration, and at the end of each quarter will pay the amount due, to such of the crew and marines as may elect to receive it. If any person shall decline to receive such payment, it must remain to his credit on the books of the ship and be accounted for in the same manner as other pay.

The commutation price of the navy ration will continue to be twenty-five cents, without reference to the five cents allowed as above mentioned.

GIDEON WELLES.

NAVY DEPARTMENT, July 29, 1862.

(CIRCULAR.)

NAVY DEPARTMENT,
BUREAU OF PROVISIONS AND CLOTHING. }
JUNE 11, 1863.

1. When vessels of the Navy have on board a sufficient supply of tomatoes, the Commanding Officer, if he deems it advisable, may direct the same to be issued to the crew in lieu of flour, rice, dried fruit, pickles, desiccated mixed vegetables or beans, but not oftener than twice in each week. Four ounces of tomatoes will be issued in lieu of eight ounces of flour, or four ounces of rice, or two ounces of dried fruit, or four ounces of pickles, or one ounce of desiccated mixed vegetables, or half a pint of beans.

2. Preserved tomatoes may also, with the consent of the Commanding Officer, be issued to officers and crew at eight cents per pound, and charged to them as cash: the amount to be credited by the Pay Officer to the appropriation for "Provisions."

3. Where potatoes, onions, or other fresh vegetables are sent out in quantities greater than are necessary for use with the fresh meat issued, the Commanding Officer may, at his discretion, allow the officers and crew to draw a reasonable quantity of the vegetables for each mess, and be charged for the same as cash, estimating the Irish potatoes and onions at one dollar per bushel, and turnips and carrots at half that price; the amount to be credited by the Pay Officer to the appropriation for "Provisions." If other vegetables or fruit be sent, they will be charged at invoice prices.

4. The Commander and Pay Officer of supply or store vessels will take care that no vessel shall receive an undue proportion of their whole cargo.

H. BRIDGE,
Chief of Bureau.

TO THE COMMANDING OFFICERS AND PAY OFFICERS
Of U.S. Ships of War.

(CIRCULAR NO. 12.)

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D. C., July 29, 1863.

The attention of Medical Officers is called to the virtues of Potassium of Potassa as a disinfectant and decolorizer.

A preparation of this salt in solution is supplied by the Medical Department. Medical Officers are directed to make proper requisitions therefor upon Medical Purveyors whenever its use may be indicated; and Medical Purveyors and Storekeepers are directed to keep a stock on hand by making timely requisition on this Office.

WM. A. HAMMOND,
Surgeon-General.

ORDERS, CHANGES, &c.

Assistant-Surgeon R. L. Braden, U.S.V., has become insane, and been committed to the Government Asylum for the Insane, at Washington, D.C.

Assistant-Surgeon W. G. Moore, 61st Ohio Vols., was mortally wounded while attending to his duties in rear of his regiment at the battle of Gettysburg, July 3, 1863, by a cannon-ball, which took effect in his left thigh, lacerating and contusing it extensively from the gluteal region to the knee. The femur was not broken nor the femoral artery divided. Reaction, however, did not succeed the severe shock, and he died on the sixth of July, the whole limb being in a state of mortification or gangrene, which extended to the gluteal, scrotal, and iliac regions.

Surgeon G. L. Sutton, U.S.V., has been relieved from General Abercrombie's Staff, and assigned to duty as member of the Board for the examination of candidates for the Invalid Corps, at Camp Distribution, near Alexandria, Va.

Surgeon S. J. W. Mintzer, U.S.V., has been assigned to duty in charge of General Hospital, at McMinnville, Tenn.

Surgeon W. Clendenin, U.S.V., has been placed in charge of the General Field Hospital, at Decherd, Tenn.

Surgeon A. M. Specer, U.S.V., is at Pittsburg, Penn., on twenty days' leave.

Surgeon John Nell, U.S.V., is Medical Director to General W. F. Smith's command, at Hagerstown, Md.

Surgeon E. W. Thurn, U.S.V., who has been sick in the General Hospital, at Fairfax Seminary, Va., for some weeks past, has returned to the Army of the Potomac, and resumed his duties with the 11th Army Corps.

Surgeon E. A. Christian, U.S.V., has been relieved from duty attending officers and soldiers in the city of San Francisco, Cal., and assigned to duty at the Headquarters District of Oregon, Fort Vancouver, W. T., as Medical Director of that District.

By command of the President, Assistant-Surgeon Charles Woodward, 26th Illinois Vols., has been dismissed the service of the United States for uttering disloyal sentiments.

Surgeon H. J. Churchman, U.S.V., having reported for duty from sick leave, has been ordered by the Assistant Surgeon-General at St. Louis to report to Major-General Grant at Vicksburg, Miss.

Assistant-Surgeon J. D. Johnson, U.S.V., has been assigned to duty at Camp Bradford, near Baltimore, Md.

Assistant-Surgeon W. C. Bennett, U.S.V., having reported at Headquarters Army of the Potomac, has been assigned to duty as Medical Inspector of the 12th Army Corps.

Assistant-Surgeon A. C. Van Dusen, U.S.V., has been assigned to the charge of the General Hospital, at Fort Scott, Kansas.

Surgeon Bernard Beust, U.S.V., has been assigned as Surgeon-in-Chief to the 1st Division, 11th Army Corps, Army of the Potomac.

Surgeon E. D. Kittoe, U.S.V., has been placed in charge of the Confederate hospitals, at Vicksburg, Miss.

Leave of absence is granted to the following named medical officer, on surgeon's certificate of disability:

Assistant-Surgeon Joseph L. Cutler, 134th New York Vols., for twenty days.

Surgeon William Arnold, 87th Ohio Vols., is hereby mustered out of the service of the U.S., to date January 6, 1863, the date of his muster in, he having rendered no service to the Government.

Surgeon L. A. Edwards, U.S.A., and Capt. W. Silvey, 1st U.S. Artillery, Assist. to the Provost Marshal General of the United States for the State of Rhode Island, are hereby directed to proceed to Lovell Hospital, Portsmouth Grove, E. I., and there organize fit subjects for the Invalid Corps under the instructions of the Provost Marshal General.

The following officer will at once proceed to Wilmington, Delaware, and report for examination to Major-General Irvin McDowell, President of the Retiring Board, convened by S. O. 307, current series, from this Office.

Surgeon Madison Mills, U.S.A.

Private John W. Ehrman, Co. E, 1st Illinois Light Artillery, is hereby honorably discharged the service of the U.S., with a view to his enlistment as hospital steward, U.S.A.

By direction of the President, the following appointment is hereby made in the 2d Regt., District of Columbia Vols.

Assistant-Surgeon W. O. Baldwin, to be Surgeon, vice Kearsby resigned.

Leave of absence is granted the following named officer on surgeon's certificate of disability:

Chaplain J. C. Smith, U.S.A., for twelve days.

Assistant-Surgeon E. B. Zule, 2d Iowa Cavalry, is hereby discharged the service of the U.S., on account of incompetency.

The following officer, having tendered his resignation, is hereby honorably discharged the service of the United States on account of physical disability:

Surgeon Wm. T. Black, 1st Louisiana Vols., upon condition that he receives no final pay, until he furnishes evidence of service from January 1st, 1863, to the present day, no rolls of this regiment having been received at this office since December, 1862.

The Military Governor of the District of Columbia is authorized to discharge non-commissioned Officers and Privates who are confined in hospitals in the District of Columbia, on surgeon's certificate of disability, conformably to existing orders, notwithstanding charges of desertion are pending against them, and on summary examination to remit the charge of desertion in his discretion. In case the charge of desertion is not so remitted, the certificate of discharge shall have written thereon, "pay account suspended on charge of desertion."

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY
AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 20th day of July to the 27th day of July, 1868.

Deaths.—Men, 182; women, 97; boys, 261; girls, 194; total, 634. Adults, 222; children, 455; males, 393; females, 291; colored, 17. Infants under two years of age, 372. Children born of native parents, 79; foreign, 347.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 55; croup, 3; diphtheria, 8; scarlet fever, 15; typhus and typhoid fevers, 15; consumption, 60; small-pox, 2; measles, 10; dropsy in head, 19; infantile marasmus, 39; cholera infantum, 170; inflammation of brain, 13; of bowels, 14; of lungs, 16; bronchitis, 0; congestion of brain, 0; of lungs, 0; erysipelas, 0; diarrhea and dysentery, 39. 407 deaths occurred from acute diseases, and 72 from violent causes. 513 were native, and 111 foreign; of whom 117 came from Ireland; 84 died in the City Charities; of whom 82 were in Bellevue Hospital, and 5 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1868.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
19th.	58.60	5	30.16	N.	75	9	30.17	N.E.	70	6	30.16	S.
20th.	62.65	4	30.11	S.	76	9	30.10	S.W.	71	5	29.99	S.
21st.	63.68	4	29.71	S.	78.11	29.63	W.	70	6	29.84	N.W.	
22d.	61.63	6	29.99	N.	80.11	29.98	S.W.	69	6	29.99	S.W.	
23d.	64.67	6	29.99	S.W.	82.12	29.98	S.	70	7	29.98	S.W.	
24th.	67.69	7	29.98	S.W.	78.13	29.99	S.W.	71	6	29.97	S.	
25th.	70.70	5	29.97	S.E.	81	8	29.96	S.E.	72	5	29.90	S.

REMARKS.—19th, Clear; sultry P.M. 20th, Sultry; variable sky. 21st, Variable, showers from 8 to 9 A.M.; tempest of wind, 1 to 2 P.M.; wind during the day mostly fresh. 22d, 23d, and 24th, Clear and sultry. 25th, Cloudy and very sultry.

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PLINY A. JEWETT, M.D., Professor of Obstetrics and Medical Jurisprudence.

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LEONARD J. SANFORD, M.D., Professor of Anatomy and Physiology.

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CHARLES A. LINDSLEY, M.D.,

Dean of the Faculty.

NEW HAVEN, July 22d, 1868.

Geneva Medical College.—The Ses-

sion of 1863-64 will begin on Wednesday, Oct. 7, 1863, and continue sixteen weeks.

FACULTY

JOHN TOWLER, M.D.,

Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Professor of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.

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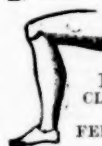
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F. S. SNEAD, Janitor.

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On Bandaging, PROF. HOLCOMB.
On Ovarian Dropsy, PROF. NOEGGERATH.
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